

# PSJ3

## Exhibit 84



# ONCOLOGY GRAND ROUNDS

## Spring Series

March 24, 1992

SPEAKER: LEONARD GOMELLA, MD  
Assistant Professor  
Department of Urology  
Jefferson Medical College, Philadelphia, PA

TOPIC: **UPDATE ON THE TREATMENT OF PROSTATE CANCER AND  
THE ROLE OF PROSTATE CANCER SCREENING**

April 28, 1992

SPEAKER: ROBERT KYLE, MD  
Professor of Medicine/Laboratory Medicine  
Mayo Foundation  
Pittsburgh Cancer Institute

TOPIC: **OVERVIEW AND UPDATE ON THE DISEASE AND  
TREATMENT OF MULTIPLE MYELOMA**

May 26, 1992

SPEAKER: KATHLEEN M. FOLEY, MD  
Chief, Pain Service  
Department of Neurology  
Memorial Sloan Kettering Cancer Center

TOPIC: **MANAGEMENT OF CANCER PAIN**

*Time:* Noon

*Location:* Security Conference Room, JFK Medical Center  
65 James Street, Edison, NJ

THIS PRESENTATION IS SUPPORTED BY THE LORRAINE OLECKNA MEMORIAL CANCER RESEARCH FUND (AFFILIATED WITH THE JFK MEDICAL CENTER FOUNDATION)  
JFK MEDICAL CENTER IS ACCREDITED BY THE MEDICAL SOCIETY OF N.J. TO GRANT ONE HOUR OF CATEGORY I CREDITS FOR THIS ACTIVITY, AMA, AAFP.

*Please R.S.V.P. by filling out the form below and returning it by March 15 to:*

Carol Simon, Cancer Registry, JFK Medical Center  
65 James Street, Edison, NJ 08818

- ☐ Yes, I will be attending the **March 24** spring program.
- ☐ Yes, I will be attending the **April 28** spring program.
- ☐ Yes, I will be attending the **May 26** spring program.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ AFFILIATION \_\_\_\_\_

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*please expedite!*

**Purdue Frederick Speakers' Bureau Speaker Request Form**

RECEIVED

MAR 31 1992

**Mail To:**

- 1 District Manager for approval.  
 2 District Manager mails to: **The Purdue Frederick Company**  
 Speakers' Bureau  
 100 Connecticut Avenue  
 Norwalk, CT 06856

**Contact:**

Name of person responsible for meeting: **HARRY LAZARUS**  
*Nancy Flamingo, R.N.*  
 Title **Program Coordinator, Radiation Oncology Dept.**  
 Street **JFK Medical Center** City **Edison**  
 Street **65 James St.**  
 State **NJ** Zip **08818** Telephone **(908) 321-7167**

**Directions:**

- 1 All blanks must be completed for the request to be processed.  
 Please print information clearly.  
 2 Alternate speakers must be approved by the organization.  
 3 Fill out the speakers' program evaluation form after the meeting.  
 4 Check to make sure bottom copy is legible.  
 5 Yellow copy will be returned following home office review.

**Program:**

Program description or name of meeting:

**ONCOLOGY GRAND ROUNDS**

Speaker's Topic:

**MANAGEMENT OF CANCER PAIN**Date **MAY 26, 1992** Time **NOON**

Alternate date(s) Time

Time

Location (address and room number)

**SECURITY CONFERENCE ROOM****JFK MEDICAL CENTER, 65 JAMES ST.  
EDISON, N. J.**Is this part of a full-day program? Yes ☐ No ☒Has this program been previously arranged with the speaker by the organization? Yes ☒ No ☐

Sponsoring organization:

**LORRAINE OLEKNA MEMORIAL****CANCER RESEARCH FUND**

Estimate attendance:

MDs **40-60** Pharms **3-5**Nurses **40-60** Others **5-10**Audience will be: ☐ Academically Oriented ☒ Clinically Oriented**Objective:**

*To increase awareness usage of MSC.*  
*- Chief of Oncology has already arranged Dr. Foley's visit, with hospital planning to pay - asks if we can sponsor & display.*  
 white and yellow—Medical Dept, pink—District Manager, goldenrod—Rep. (Sponsoring talk)

**Speaker Requested:****Speaker Location:**1 **Kathleen M. Foley, MD, MSK, N.Y.**2 **212-639-7050**

3

Travel Requirements **-car/train**

Estimated distance and time from the program site for speaker Choice #1

Miles (one way) **90** Time **1 1/2 - 2 hrs.**

Reason for recommending speaker

*Dr. Foley is scheduled for this appearance.*  
*Our sponsorship will do much to support MSC MD rapport, prestige and allow display.*

**Materials:**How many bulletin board notices do you want? **0**How many invitations do you want? **0****Plans:**

What other plans do you have to make this meeting productive (e.g. reprints, literature, follow-up)?

*Pre-meeting PR, literature, much MD follow-up.*

Representative Territory # **3225658**Name **Larry Butts, Sr.** Date of Request **3/24/92****Approvals:**District Manager Yes ☒ No ☐Name *[Signature]* Date **3/27/92**Medical Department Yes ☒ No ☐Name *[Signature]* Date **3/21/92****For Home Office Use:**

*Armonsun she's talking on cancer pan (yes she's)*

C2513 Rev. 2/91 R207A

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**IMPORTANT MESSAGE**

FOR Terry

DATE 5-7 TIME 10:15 AM P.M.

**WHILE YOU WERE OUT**

M Carol Simon

OF JFK

PHONE NO. \_\_\_\_\_

TELEPHONED	<input checked="" type="checkbox"/>	PLEASE CALL	
CALLED TO SEE YOU	<input type="checkbox"/>	WILL CALL AGAIN	
WANTS TO SEE YOU	<input type="checkbox"/>	RUSH	

RETURNED YOUR CALL ☐

**MESSAGE**

We should pay her  
directly  
(Kathleen Foley)

**SIGNED** \_\_\_\_\_

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IMPORTANT MESSAGE			
FOR <u>Terry</u>			
DATE <u>5-7</u>	TIME <u>9:10</u>	<u>A.M.</u> P.M.	
WHILE YOU WERE OUT			
M	<u>Carol Simon</u>		
OF <u>1</u>	<u>JFK - Edison, NJ</u>		
PHONE NO.	<u>908-321-7740</u>		
TELEPHONED	<input checked="" type="checkbox"/>	PLEASE CALL	<input checked="" type="checkbox"/>
CALLED TO SEE YOU	<input type="checkbox"/>	WILL CALL AGAIN	<input type="checkbox"/>
WANTS TO SEE YOU	<input type="checkbox"/>	RUSH	<input type="checkbox"/>
RETURNED YOUR CALL <input type="checkbox"/>			
MESSAGE	<u>Re: Kathleen Foley talk</u> <u>on 5-26</u>		
<u>Paula Holica</u>			
<u>2) needs Eastern Region</u>			
SIGNED	<u>Speakers list - didn't</u> <u>get one</u>		

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**CHECK REQUEST**Company name: PFDate: June 11, 1992To: Kathleen Foley, M.D.Mem Sloan Kett/1275 York Ave/Box 52New York, NY 10021For: JFK Medical Center (Edison, NJ)  
Speakers Bureau - (LB 6348) on 5-26-92**1099 TAX INFORMATION\***Payee's ID Number: SS#

Expense Distribution:

**1099: \$** 750.00 **EXPENSE: \$** 9.00

\*Completion required for all 1099 applicable payments.

Gen. Ledger Account No: 486-7130

ORACLE	
VENDOR #	INVOICE #
EDP-A/P	
VENDOR #	BATCH #
VOUCHER #	ACCTG. PERIOD

Amount: 759.00Requested by Terry NewellApproved by: [Signature]**PLEASE FORWARD CHECK TO:** Terry Newell8112640776  
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## THE PURDUE FREDERICK COMPANY -- SPEAKER FOLLOW-UP FORM

Track No.: LB 6348

Speaker: Kathleen Foley, M.D.

Soc Sec #

JUN 01 1992

Mailing Address: Memorial Sloan Kettering Cancer Center/1275 York Ave/Box 52

Location/Street

New York, NY 10021

City/State/Zip Code

Meeting: Date: 05-26-92

Location: J.F.K. Medical Center

Edison, New Jersey

Topic Of Presentation:

Financial: Honorarium: \$ 750.00

Travel Expenses:

Mileage (\$0.22/mile):

Tolls/Parking:

Hotel:

Meals:

Other:

Grand Total: \$ 759.00

Program Assessment: On a scale of 1 (poor) to 5 (excellent) please rate: Audience Size

Audience Reaction: Good

Audience Knowledge Of Topic:

How Helpful Was PF Representative To You: Very

In a few words, please give us your overall impression of this program:

Hospital very interested in a pay program.

Signed:

Kathleen Foley

Date:

5/26/92

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**SPEAKERS BUREAU CONFIRMATION RECORD**

Logged \_\_\_\_\_  
Eval \_\_\_\_\_

Date Request  
Received \_\_\_\_\_

Tracking  
No. LB 6348

Requesting  
Rep. L. Butts

Talk  
Approved \_\_\_\_\_

Talk  
Date 5/26/12

Speaker: Foley  
10021

Date of Confirmation  
with Institution 5/7

Notes:

LM 4/9  
LM 5/5  
LM 5/7

Date of Confirmation  
with Speaker 4/9

Confirm Letter 5/9

Notes:

4/9 - all set

Date of Confirmation  
with Rep \_\_\_\_\_

Notes:

Reminder Target: \_\_\_\_\_  
Reminder Actual: \_\_\_\_\_

Thank You Target: 6/9  
Thank You Actual: \_\_\_\_\_

Speaker Bureau ( )  
Corporate ( )

Honorarium for this Talk:  
\$ 750

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PAYOR <b>THE PURDUE FREDERICK COMPANY</b>			VENDOR NO. <b>A014155</b>	VENDOR NAME <b>FOLEY KATHLEEN, M.D.</b>		CHECK NO. <b>112800</b>	PAGE NO. <b>1</b>
COMPANY <b>0101</b>	INVOICE DATE <b>06/11/92</b>	INVOICE NO. <b>F0L0611</b>	VOUCHER NO. <b>023905</b>	GROSS AMOUNT <b>759.00</b>	DISCOUNT <b>.00</b>	NET AMOUNT <b>759.00</b>	
						<b>759.00</b>	
REMITTANCE ADVICE						TOTAL PAYMENT	

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